INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NEW SOUTH WALES

Organisation: Broken Hill City Council

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Broken Hill City Council response to Legislative Assembly Portfolio Committee No. 2 – Health

Health outcomes and access to health and hospital services in rural, regional and remote New South Wales

Broken Hill City Council welcomes the opportunity to work with all tiers of Government to investigate opportunities to maintain and improve the liveability and wellbeing of the people of Far West NSW.

As caretakers of Australia's First Nationally Heritage Listed City, Council is focused on developing tripartite relationships across the all tiers of Government and partnerships with private investors and philanthropists to continue to grow infrastructure and services to benefit not only the community of Broken Hill but also our neighbouring communities in Central Darling Shire and Unincorporated NSW.

Broken Hill is a key health centre for residents in the Far West Health District (FWLHD). The City itself provides the critical mass of services in the areas of health, policing, justice, social services and education for the region.

Bordering three states, FWLHD covers 194,949 square kilometres in remote NSW. The District is sparsely populated, with 62% of its estimated 30,000 residents living in Broken Hill. The remainder of the population live in agricultural towns along the Murray River, in small remote communities of 80-800 people or on stations throughout the District. FWLHD is the most sparsely populated local health district in NSW and has the highest proportion of Aboriginal residents (12%). The population is decreasing, ageing and experiencing significant morbidity related to lifestyle factors and chronic illness.

Broken Hill is the centre for visiting specialists and is home to the region's emergency services including the Royal Flying Doctor Service (RFDS). It is also the transit centre for critically ill and trauma patients from through the region to be assessed, treated and transferred to major centres in New South Wales and South Australia. The City is also the base for outreach clinics to more remote communities such as Wilcannia, Menindee, Ivanhoe, White Cliffs and Tibooburra, ensuring that primary healthcare services reach some of our remotest residents in the State. It is essential that the City continues to be the focus of future investment in health services to ensure that residents in the furthest parts of NSW have access to healthcare.

The vision for Far West Local Health District is Excellence in Rural and Remote Health. The District is working to develop a more stable, resident workforce with reduced reliance on fly-

in and agency staff and ensuring that high quality services are provided in accredited, high quality facilities.

This vision highlights the issue of the recruitment and retention of health professionals to rural and remote localities in NSW – especially the Far West – which continues to be a challenge, with the local health service competing with health services across the State and nation for staff.

Staff who are suitably qualified, experienced and committed to working and living in the Far West is a crucial component of providing high quality and consistent care that people in our region deserve, as much as anywhere else in the State. The waiting lists for visiting specialists can be long, with some patients waiting more than 12 months for an appointment. Given that many of the population sit in a low socio-economic band and cannot afford to travel for medical treatment, the trend of lower health outcomes will continue to be an issue for the region if not addressed.

Recruitment incentives need to be innovative and tailored to the Far West to ensure that the region is attractive to medical and health professionals such as the option of an extra week of leave, increased relocation bonuses and tax concessions and government-subsidised rental, that can put the Far West at the top of the list for benefits for working in health. It has also been raised with Council that any measures to reduce remuneration or workplace benefits for Far West public health employees should be rejected, and instead improved.

Supporting the issue of recruitment and retention is a continued commitment to rural and remote education and training opportunities such as those offered through the Far West NSW Regional Training Hub (FWNSWRTH) which is funded by the Australian Government and hosted by the Broken Hill University Department of Rural Health. The FWNSWRTH seeks to create a sustainable medical workforce through its focus on forming collaborations between health organisations including the Royal Flying Doctor Service, SE (RFDS-SE), Far West Local Health District (FWLHD), Primary Health Networks (PHNs) and the NSW Rural Doctors Network (RDN). It also supports all stages of medical career development.

Council has also been made aware of significant health issues arising from the closure of the South Australian border during COVID-19 and advocate for a Memorandum of Understanding to be established with the South Australian Government for cross border communities to ensure residents requiring medical treatment are not locked out of the State again. As a result of several serious cases being denied access to medical treatment in South Australia, it is unknown what long-term consequences there will be for those patients because of their healthcare being postponed.

Council also strongly advocates for improved drug detoxification and rehabilitation services in Far West NSW. The scarcity of these services contributes to the legal and non-legal issues that our communities face and inhibits the ability of health and support service staff to make appropriate referrals.

Exacerbating the issue in Far West NSW is that there are very few support services for under-aged drug users and Indigenous community. Our region, identifies in particular with a number of priority populations noted in the National Drug Strategy 2017-2026 including Indigenous people, people with mental health conditions, young people, older people, those in contact with the criminal justice system and people identifying as lesbian, gay, bi, transgender, queer or intersex (LGBTQI+). But we don't have the services to support these populations.

These are the people who most need access to services in, or close to, their families and the community in which they live. There are many cases in Broken Hill where if the appropriate networks and services were in place and if services had been available able to

provide the support to families at the base point, addictions may have been curbed and there would have been a better outcome. There is a lack of beds and specialised staff in the region to deal with such cases.

This issue also is bigger than detox and beds. This is about a holistic approach ... a network of support services that can support families at the start of the problem.

The solution we need is a commitment from Government to build a centre that provides drug detoxification, rehabilitation services and a holistic approach to each individual case shared by all agencies including health, social services, police, education and DOCS. It needs to be suitably resourced with experienced specialists in co-morbidity. The only residential rehabilitation service in the Far West is the Wiimpatja Healing Centre (also known as Warrakoo Rehabilitation Hostel). The Wiimpatja Healing Centre is located about 70km from the nearest major town, Wentworth, and about 332 km from Broken Hill. There are only eight treatment beds and it only provides drug rehabilitation services to Indigenous men. Services in Dubbo are 760km away.

Council has also received feedback about the reporting of health outcomes back into the local community and ways to improve engagement with the local community including the provision of information about health providers through a public report to the NSW Government on the measures taken by each service to cooperate and partner with 'key stakeholders' (i.e., each other) in providing health care to the Far West. The public should have access to reporting on how providers such as Far West Local Health District, RFDS, Maari Ma Aboriginal Health Corporation, WNSW Primary Health Network, Rural Doctors Network and others, are working in partnership, and how this is improving health care for local residents. This should also include a public presentation, in which the public can attend and pose questions. This would be extra to the Annual Report provided to the NSW Government. Council looks forward to the outcome of the inquiry.

Yours faithfully,

CR CHRISTINE ADAMS
DEPUTY MAYOR